Submit 3 Copies to Appropriate District Office

Type of Well: Well X 2. Name of Operator

11.

OTHER:

CONDITIONS OF APPROVAL, IP ANY:

En

abmit 3 Copies Appropriate istrict Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
ISTRICT I O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-20218
ISTRICT II O. Drawer DD, Artesia, NM 88210	II Santa Fe, New Mexico 87504-2088 r DD, Artesia, NM 88210		5. Indicate Type of Lease STATE FEE X
ISTRICT III XXX Rio Brazos Rd., Aziec, NM 87410			6. Sinte Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Liase Name or Unit Agreement Name NORTHEAST DRINKARD UNIT
Type of Well: OL GAS WELL [X] WELL [отная		
Name of Operator			8. Well No. 510
Shell Western E&P Inc. Address of Operator			9. Pool name or Wildcat
P.O. Box 576 Houston,	TX 77001-0576		N. EUNICE BLINEBRY-TUBB-DRNKRD
Well Location			
	1980 Feet From The SOUTH	Line and	990 Feet From The WEST Line
Section 11	Township 21S R	ange 37E	NMPM LEA County
	3436' DF		
. Chec	k Appropriate Box to Indicate	Nature of Notice, I	Report, or Other Data
	NTENTION TO:	SUI	BSEQUENT REPORT OF:
REFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
IMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT
ILL OR ALTER CASING	CASING TEST AND C		
THER:	X	J 11121	OMP AS B-T-D POW
Describe Proposed or Completed O work) SEE RULE 1103. 4-01 TO 4-25-91:	peraticas (Clearly state all pertinent details, e	and give pertinent dates, inc	luding extimated date of starting eny proposed
POH W/PROD EQMT. TAG T CO TO PBTD W/SCRPR, POH	TOL @ 5998'. RIH TO 6591'& V H. RAN NGT, CNL, CCL LOGS FR 594' (2 SPF). ACD PERFS 5647 'TO FISH OUT RBP. INST PROD	rom 6/61° 10 5400 '' – 6694' W/10,08	. PERF U BLINEDNI -
I hereby certify that the information above	is true and complete to the best of my knowledge a	DECUM ATORY	SUPV. DATE 7/23/91
SIGNATURE ##	unda	REGULATORY	
TYPEOR PRINT NAME J. H. SMI	THERMAN		TELEPHONE NO. 713/870-3

TYPEOR PRINT NAME J. H. SMITHER (This space for State Use) (132/28/N.C.) 400 - 271 - 27 JETRY SEXTON 」、◆ ◆ 」 → ② ◆着RVISOR - DATE ---_ TIILE _ APPROVED BY-